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VS.	

11716	11746
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 51
I. PLACE OF DEATH:	100
COUNTY Wheat MARYLAND STATE MA COUNTY How	et
CITY (If outside corporate limits, write RURAL OF STAY (In this place) OR and sive nearest town) TOWN CITY (If outside corporate limits write RURAL and OR TOWN TOWN TOWN TOWN	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If rural, give location)	1
3. NAME OF (First) (Middle) BOUCH 4. DATE (Month) (Day OF (Type or Print) Park DEATH /2	y) (Year) 5 1957
(Specify); (Specify); yrs.	YEAR IF UNDER 24 HRS. ays Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. work done during most of work life, and the state of	COUNTRY?
13. FATHER'S NAME: Brown Tames Maiden NAME?	
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: Bowen (Yes, ho, or unk.) (If Yes, give war or dates of service)	
18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: HAO Immediate cause (a) Croway Chaese	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: HAO. Immediate cause (a)	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: HAO. Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, (b)	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Had	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause	ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause	ONSET AND DEATH 20. AUTOPSK? Yes No (State)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	20. AUTOPSK? Yes \(\text{No } \(\text{State} \) , Inquiry \(\text{Inquiry} \(\text{Inquiry} \)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause	20. AUTOPSK? Yes \(\text{No } \(\text{State} \) , Inquiry \(\text{Inquiry} \(\text{Inquiry} \)
In DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: The column	20. AUTOPSK? Yes No (State) , Inquiry , an rmined cause DATE SIGNED

BUREAU V. S.

DEC 80 055

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

CERTIFICATE OF DEATH 11747

51 Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
000 #	STATE and COUNTY Calreet
COUNTY MARYLAND CITY (If outside corporate/fimits, write RURAL LENGTH OF STAY	STATE COUNTY COUNTY COUNTY COUNTY (If outside corporeta limits, write RURAL end give neerest town)
OR and siya nacrostuden (in this place)	OR . / A · 4
X TOWN Heighbertherwa Life	TOWN Heinlingtown X
HOSPITAL OR	STREET (If rural give location) ADDRESS
INSTITUTION OR STREET ADDRESS	ADDKESS
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)
DECEASED) OF A
(Type or Print) CU, Kent 130	wel DEATH Mee, 22, 1955
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
(Spacify)	25 1877 78 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even ifOR INDUSTRY	COUNTRY?
Faring Owner tarming	MT. deone A.A.Co. M. U.S. U.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edmund 1, Bowce	Violetta Belt
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or dates of service)	& Fansolale Bruce France.
18, MEDICAL CE	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
163X IMMEDIATE CAUSE (A) Carcinonio	of Lemg.
2017	7
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
STATING UNDERLYING CAUSE LAST. (C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
178, MAJOR PINDINGS OF OFERANON	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
While Not while	/
M. at work et work 1	
22. I hereby certify that I attended the deceased from	, 19.5.3., to 12/22, 19.55., that I last saw the deceased
alive on 12-/22 , 19.55 , and that death occurred a	t
SIGNATURE	ADDRESS (Street, city, town state) DATE SIGNED
4 1 81 88 3 1 M.D. /	Luting lown Md 12/23/56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF	
REMOVAL (SPECIFY)	· A. C. (13/ +1 /-)
Defrat Dec, LT, 1700 (Let Sai	uls lessed Hurunghown, med,
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 12-24-55 H. W. Ward	a. a. Harbrees - Mulual, Med.
1 400 110 1104.00	

HTASE OF STADISHTAND THE

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DEC 20 1022



THE STREET

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

CERTIFICATE OF DEATH 11748

Reg. Dist. No. 51

COUNTY CO	Н	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
OR STREET ADDRESS NOME OF COUNTY STREET (Morth) (Day) (Year) STREET ADDRESS NOME OF COUNTY (Morth) (Day) (Year) S. SD. 6. COOR OF 7. SWICLE AMARRIED (Speat) (Spea		COUNTY / RUCE MARYLAND	STATE COUNTY Calver	
NOWN CONTROL OR STREET ADDRESS (Few) (Widdle) (Liet) (Widdle) (Widdle) (Liet) (Widdle) (Widdle) (Liet) (Widdle) (Wid				
ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS BYTH DOWN BEATH ADDRESS ADDRESS BYTH DOWN BEATH BYTH ADDRESS BYTH DOWN BEATH BYTH DOWN BEATH BYTH DOWN BEATH BYTH ADDRESS BYTH DOWN BEATH BYTH DOWN BYTH DOWN BEATH BYTH DOWN BYTH DOWN BEATH BYTH DOWN BYTH DOWN BEATH BYTH DOWN BYTH DOWN BYTH DOWN BYTH DOWN BYTH DOWN BYTH DOWN BYTH BYTH DOWN BY	ì	N TOWN		
3. NAME OF (First) S. SDR. 6. COLOR OF 7. SINGL, MARRIED. (Specific Upper or Frind) TOP DEATH 2 2 1952 S. SDR. 6. COLOR OF 7. SINGL, MARRIED. (Specific Upper or Frind) TOP DEATH 2 2 1952 TOP DEATH 2 2 1952 TO DEATH 2 1952 TO DEATH 2 1952 TO DEATH 2 2 1952 TO DEATH 2 1952 TO DEATH 2 2 1952 TO DEATH 2 1		HOSPITAL OR O		
DECEASE (Type of Find) 199		STREET ADDRESS aloud 40	ADDKE22	
5. SEK 6. COLON 7. SHOLE AMARKED. S. SEK 6. COLON 7. SHOLE AMARKED. S. SEK 6. COLON 7. SHOLE AMARKED. S.		3. NAME OF (First) (Middle)		•
10s, USUAL OCCUPATION (Give had ol work done during moust of working tile, given it indied of the during moust of working tile, given it indied of the during moust of working tile, given it indied of the during moust of working tile, given it indied of the during moust of working tile, given it indied on the work of a not indied to the		(Type or Print)		
10s, USUAL OCCUPATION (Give had ol work done during moust of working tile, given it indied of the during moust of working tile, given it indied of the during moust of working tile, given it indied of the during moust of working tile, given it indied of the during moust of working tile, given it indied on the work of a not indied to the		5. SEX 6. COLOR OF 7. SINGLE, MARRIED, WIDOWED DIVORCED		
done during most of working like paren it or retired the first of the paren it		(Specify) Kuly		
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Pes., no., or unk.) (If Yes., give wer or delate of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Pes., no., or unk.) (If Yes., give wer or delate of service) 18. MEDICAL CERTIFICATION IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) ONSET AND DEATH ONSET AND DE	ä	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS)		
15. WAS DECEASED EVER IN U. S'ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19. DISEASES OR CONDITIONS OF DEATH 19. DISEASES OR CONDITIONS, IF ANN, (8) 10. INTERVAL BETWEEN 10. ONSET AND DEATH 11. OTHER SIGNIFICANT CONDITIONS OF DISEASES 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10. THE DEATH BUT NOT RELATED TO THE 10. DISEASES OR CONDITIONS, LEAVING AND THE ADDRESS 11. OTHER SIGNIFICANT CONDITIONS COURSE IN THE ADDRESS OF DEATH 19. DISEASE OR CONDITIONS, IF ANN, (8) 19. DATE SIGNIED 19. DATE SIGN		relired) I Plint	ma	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Nes, no, or unk.) (If Yes, give wer or datas of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (If Yes, no, or unk.) (If Yes, give wer or datas of service) 17. INFORMANT & ADDRESS (If Yes, no, or unk.) (If Yes, give wer or datas of service) 18. MEDICAL CERTIFICATION (IN THE YES) (If Yes, give wer or datas of service) 19. MEDICAL CERTIFICATION (IN THE YES) (I		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME)	
International Companies Co		Win Verypon	Helen Creek	
ANTECDENT CAUSE (A) DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECDENT CAUSE (S) DUE TO DISEASES OR CONDITIONS, IF ANN, (B) GIVING RISE TO THE ABOVE CAUSE LAST. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO While No Whil			17. INFORMANT & ADDRESS	
INMEDIATE CAUSE (A) IMMEDIATE (COUNTY) (9	(it is, no, or unk.) (it is, give wer or datas of service)	protesse	
ANTECEDENT CAUSE (A) DISEASES OR CONDITIONS, IF ANY, (B) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING: TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION AUSING DEATH. 199. DATE OF OPERATION 199. DATE OF OPERATION 199. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO VERY VES NO VERY VES NO VERY VES NO VERY 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21d. RAUPY OCCURED White No	1	T DISEASES OF CONDITIONS DIRECTLY LEADING TO DEATH // 18. MEDICAL CER	TIFICATION INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 191. PLACE (Homa, form, factory, OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEGICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. NJURY OCCURED Not while of the work of two work of the		Out March March	To the state of th	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO OF INJURY Street, office bidg., sic.) 21e. MYSEE DID INJURY OCCUR? (City of Gown) 21d. TIME OF INJURY (Month) (Day) (Yabr) (Hour) 21d. TIME OF INJURY (Month) (Day) (Yabr) (Hour) 21e. ROUTE OF INJURY OCCUR? 21d. TIME OF INJURY (Month) (Day) (Yabr) (Hour) 21e. ROUTE OF INJURY (OCCUR? While of work of the work of the causes and on the date stated above. 22. I hereby certify that I attended the deceased from (Date Thereof NAME OF CEMEATOR) 23. BURIAL) CREMATION, and that death occurred at (Day) (Tabr) (City, town, stete) 23. BURIAL) CREMATION, DATE THEREOF NAME OF CEMEATOR? 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE 26. ACTION (City, town, or county) (Siete) 27. FUNERAL DIRECTOR'S SIGNATURE 28. FUNERAL DIRECTOR'S SIGNATURE 29. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			ou pay record a	
STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH B		ANTECEDENT CAUSE(S)	el how / lafy	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21c. WHERE DID INJURY OCCUR? (City optower) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Monit) (Day) (Yaar) (Hour) 21e. RYJURY OCCURED While Not while at work a	9	GIVING RISE TO THE ABOVE CAUSE	4 1 X A 1111-	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO YES NO YES NO NO PERATION 21a. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., alc.) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., alc.) 21d. TIME OF INJURY (Monith) (Day) (Yaar) (Hour) While of work of two while of work of the work of		(c) from lugles	6 knees of lange 1 1 mg	
DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO NO YES NO NO YES NO NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. RNJURY OCCURRED While et work at work 1 at the date stated above. SIGNATURE 22. I hereby certify that I attended the deceased from 1 at work 1 a			the light of the of the	
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, ferm, factory, OR CONTRIBUTION CAUSE OF DEATH OF INJURY street, office bidg., atc.) 21c. WHERE DID INJURY OCCUR? (City of fower) (County) (Steta) OR CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. finJURY OCCURRED While at work at work, from the causes and on the date stated above. 22. I hereby certify that I attended the deceased from 19		DISEASE OR CONDITION CAUSING DEATH.	es eight by 140 one	
OF CONTRIBUTION COLOR CAUSE OF DEATH OF INJURY street, office bidg., etc.) 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. ANJURY OCCURRED While of work of two while of work of the work of the causes and on the date stated above. 22. I hereby certify that I attended the deceased from 19 10 11 11 11 11 11 11 11 11 11 11 11 11	-	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.) 21d. Time OF Injury (Month) (Day) (Year) (Hour) While of work	A	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, ferm, factory, 21	1c. WHERE DID INJURY OCCUR? / City op towart (County) (Steta)	
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. #NJURY OCCURRED While Not while of work while of work while of work while of work	B	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., atc.)	- Home Hoteland Och to let	7
22. I hereby certify that I attended the deceased from		21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. INJURY OCCURRED / 2	211, HOW/DID INJURY/OCCUR?	
aliye on			Yele abell at therefore of	
ADDRESS (Street, city, town, stele) DATE SIGNED M.D. Way be the Coast Street (city, town, or county) (Stele) 23 BURIAL) CREMATION, REMOVAL (SPECIFY) ADDRESS (Street, city, town, or county) (Stele) 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS			//	
23/ BURIAL) CREMATION, REMOVAL (SPECIFY) 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stete) 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS		aliye on	(A.2. A.M., from the causes and on the date stated above.	
23/ BURIAL) CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stete) 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS THE PLANT OF THE PROPERTY OF CREMATORY 26. SIGNATURE 27. 20/ 55	2	SIGNATURE / / Q & D / 3	11 110011	,
REMOVAL (SPECIFY) 12-29-55 Way of the Cross Standard 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE 26. ADDRESS 11. III. III. III.	00-			1
PESOLON D. Tolodo	2		CKEMATORY (Siete)	
PESOLON D. Tolodo	ć	12-19-33 Way of t	he cross Dungland Tha	
DATE 12-29-55 H. W. Ward T. C. Dautti, Frunce trederick his	-		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	-
	1	DATE 12-27-55 H. W. Ward	1. C. Daivelli. Juneo Hederick h	A

SE BEOMETIAS - RELEASE OF DESIGNATE OF ALLTHAMES IS

STAR CERTIFICATE OF DEATH

22514

BUREAU V. S.

DEC 53 1.53 DEC

4 hours after death.

CERTIFICATE OF DEATH 11749

Reg. Dist. No. 5

1. PLACE OF DEATH			ENCE (HOME) OF DECEA	
COUNTY CALVERT	MARYLAND	SIAIE	COUNTY	VERT
CITY (If outside corporete limits, write RURAL OR end give neerest town)	LENGTH OF STAY	OR	orporete limits, write RURAL and give	nearest town)
X TOWN PRINCE FREDERICK	In this place)	TOWN M	JTUAL	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS CALVERT COUNT	Y HOSPITAL	STREET ADDRESS	(If rural give loce)	ion)
3. NAME OF (First) DECEASED	(Middle) GANTT	(Lest)	4. DATE (Month) OF DEATH 12	(Dey) (Yeer) 11 155
	WED DIVORCED	0-22-1 8 92	9. AGE lest birthdey IF Ut 63 yrs. Mont	hs Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country) unty, Maryland	12. CITIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
JOHN W. GANTT		CAROLIN	E WHITE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unk.) (If Yes, give wer or dates of service)			a address ARLOTTE GANTT, M	UTUAL, MD.
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO	18. MEDICAL	CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1/201	CORONAR	N TILAN	MBOSIS	3 hours
IMMEDIATE CAUSE (A)	COROINA	1 HMD	141202/2	
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19e. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b. PLA OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ACE (Home, farm, fectory, RY street, office bldg., etc.)	21c. WHERE DID INJURY OC	CUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Ho	ur) 21e. INJURY OCCURRED While Not while et work	21f. HOW DID INJURY OC	CCUR?	PAY I A TO
22. I hereby certify that I attended the alive on 19. SIGNATURE	, and that death occurr	ed at3	e causes and on the date sopress (Street, city, town, stete	tated above.
23. (BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF	NAME OF CEMETER	s Chapel	LOCATION (City, town, or co	creek Mc
24. REC'D BY REGISTRAR'S SI	• 10	25. FUNERAL DIRECTO		ADDRESS
DATE 12-12-55 Dr. H.	W. Ward	PESE	Well PRINCE	tred Md.

CERTIFICATE OF DEATH

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BUREAU V. S.

DEC 14 1822

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEPARTMENT OF DEPARTMENT OF MEDICAL EXAMINER'S CERTIFICATE OF DEPARTMENT OF DEPA

7 77 64 64		,		
CERTIFIC	ATE	OF	DEATH	No 51

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Calvert MARYLAND	STATE Md. COUNTYCalvert
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and give nearest town)
OR and give nearest town) TOWN Prince Frederick (in this place)	OR TOWN Prince Frederick
HOSPITAL OR	
INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) GEORGE BROOK DORSEY	GRAY DEATH 12/27 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS.
Male RACE: WIDOWED, DIVORCED, (Specify): Married	60 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF	
Work done during most of work life; Biologues Lat	Calreet Co. Ynd Country?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
ad a hour	1/1. 1 1/ 1 1/ 1 1 1 1 1 1 1 1 1 1 1 1 1
15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO.:	Have Li Money
(1es, no, or unk.) (If 1es, give war or dates of	I7. INFORMANT & ADDRESS:
2 no service) no 220-16-8130	Tyre and Groy - Primet rederet, my
18. MEDICA	L CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
976 X	
Immediate cause (a) Gunshot wound	oi orain
DUE TO	
Antecedent cause(s) Diseases or conditions, if any. (b)	
giving rise to the above cause DUE TO	
stating underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	
198. DATE OF OPERATION: 198. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ⁴ No □
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory,	I es 🖰 No 📙
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory,	1 01a (City on town) (Class)
PRIMARY Gor CONTRIBUTING OF Latreet, office bldg., etc.,	21c. (City or town) (County) (State)
PRIMARY For CONTRIBUTING OF 1 street, office bldg., etc., INJURY	Calvert Md.
PRIMARY For CONTRIBUTING OF street, office bldg., etc., CAUSE OF DEATH. 2Id. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED	Calvert Md.
PRIMARY GORDATH OF Street office bldg., etc., INJURY OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 12/27/55 3:30 PM. work at work 2	Calvert Md.
PRIMARY GORDATH OF CONTRIBUTING OF street office bldg., etc., CAUSE OF DEATH. 2Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work of the remains described by the contribution of the co	Calvert Md. 21f. HOW DID INJURY OCCUR? Shot self in head ed above, held an Autopsy D, Inspection , Inquiry , and
PRIMARY GORDATH OF CONTRIBUTING OF street office bldg., etc., CAUSE OF DEATH. 2Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work of the remains described by the contribution of the co	Calvert Md. 211. HOW DID INJURY OCCUR? Shot self in head ed above, held an Autopsy S, Inspection , Inquiry , and lent , Suicide , Homicide , Undetermined cause .
PRIMARY GORDATH OF CONTRIBUTING OF street office bldg., etc., CAUSE OF DEATH. 2Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work of the remains described by the contribution of the co	Calvert Md. 211. HOW DID INJURY OCCUR? Shot self in head ed above, held an Autopsy S, Inspection , Inquiry , and lent , Suicide , Homicide , Undetermined cause .
PRIMARY Graph CONTRIBUTING OF street office bldg., etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work 22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes , Accident	Calvert Md. 21f. How DID INJURY OCCUR? Shot self in head ed above, held an Autopsy \(\text{\text{\$\end{\\$\nodeta}\$}}}} \end{cause}}}}}}} \end{but}}, Inspection \(\begin{small}{\$\text{\$\$\exititt{\$\text{\$\exitit{\$\text{\$\text{\$\text{\$
PRIMARY Gror CONTRIBUTING OF street office bldg., etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work 22e. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes , Accidental SIGNATURE 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	Calvert Md. 211. How DID INJURY OCCUR? Shot self in head ded above, held an Autopsy S, Inspection S, Inquiry S, and lent Suicide Homicide Undetermined cause CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. 12/28/55
PRIMARY Grant CONTRIBUTING OF street office bldg., etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 12/27/55 3:30 PM. 22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes , Accidental SIGNATURE 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	Calvert Md. 21f. How DID INJURY OCCUR? Shot self in head ed above, held an Autopsy T, Inspection T, Inquiry T, and ent T, Suicide T, Homicide T, Undetermined cause T. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. Y OR CREMATORY LOCATION (City, town, or county) (State)
PRIMARY GOR CONTRIBUTING OF street office bldg., etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Work 22e. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes , Accidental Signature 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): Lee 30/1955 CAUSE CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE CONTRIBUTION CAUSE CONTRIBUTION	Calvert Md. 211. How DID INJURY OCCUR? Shot self in head ded above, held an Autopsy S, Inspection S, Inquiry S, and lent Suicide Homicide Undetermined cause CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. 12/28/55
PRIMARY GORDATIBUTING OF Street office bldg., etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF UNJURY OCCURRED While at Not while injury 12/27/55 3:30 PM. 22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes , Accidentally SIGNATURE 23. BURIAL, CREMATION, REMOVAL (Specify): Lee, 30/1955 CT, Paul's Comments of the comments	Calvert Md. 211. How DID INJURY OCCUR? Shot self in head ded above, held an Autopsy S, Inspection S, Inquiry S, and ent Suicide Homicide S, Undetermined cause D. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM Y OR CREMATORY LOCATION (City, town, or county) William Frederick (Majority)

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH_BALTIMORE 19

11751 Reg. Dist.

MARTINAL	D STATE DELAKTME	of HEADIN—DADI.	IMORE,	10	neg. I
EDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No

rrect	MEDICAL EXAMINER'S CER	
y every item of information carefully. The correcthe causes of death clearly and legibly.	1. PLACE OF DEATH MARYLAND	2. USUAL DESIDENCE (MOME) OF DECEMBED:
efully.	CITY (If outside corporate limits, fite RURAL OR and ref flearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside opporate limits write RUNAL and give nearest town) OR TOWN
n car	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
clear	3. NAME OF DECEASED: (Type or Print) Super Outside (Middle)	1. DATE (Month) (Day) (Year) OF DEATH / 2 22 1925
infordeath	5. SEX. 6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DWORCED, Specify	13/882 73 yrs. Months Days Hours Min.
sem of	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if fetired).	Med COUNTRY?
ery it	13. FATHER'S NAME: Olivera	11. MOTHER'S MAIDEN NAME.
Supply ev write the	15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give var or dates of service)	17. INFORMANT & ADDRESS:
	18. MEDIC I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION INTERVAL BETWEEN
please	Immediate cause (a) Tractured	Shall & lister week ONSET AND DEATH
ING ns: p	Antecedent cause(s) Diseases or conditions, if any, (b)	
UNFADING Physicians: 1	giving rise to the above cause DUE TO stating underlying cause last (c)	
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TOTAL DISEASE OR CONDITION CAUSING DEATH.	ran away
Y, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes \(\text{No.} \text{No.} \)
8	21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DF CAUSE OF PEATH.	7, 21c. (City or town) (Spate)
E PLAIN especially	21d. TIME (Month) (Day) (Year) (Hour) 21e. NJURY OCCURRED While at work [21f. HOW DID INJURY OCCUR?
PLEASE WRITE PLAINLY age is especially im	find that death resulted from: Natural causes [], Acci	bed above, held an Autopsy [], Inspection [], Inquiry [], and dent [], Suicide [], Homicide [], Undetermined cause []. CHIEF MEDICAL EXAMINER [] DATE SIGNED DEPUTY MEDICAL EXAMINER [] M. D. ASSISTANT MEDICAL EXAM.
ASE	REMOVAL (Specify): 12-26-55 Seland	
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2.13.11 (W W) and	P. L. Slevell Prince Frederick

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

na

BUREAU V. L.

DEC SD 1022

BECEINED

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11752

11752 CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECE	ASED
COUNTY Calvert	MARYLAND	STATE WOLL D. COUNTY	
CITY (If outside corporate limits, write RURA)	LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end gi	ve naerest town)
OR app give nearest town)	(in this plece)	1 00 1	
X TOWN PHINGE Frederick	122 hrs. 404	in Town Washing Ton D.	C 4/X-8
HOSPITAL OR		STREET (If rural give loc	etion)
STREET ADDRESS Calvert Co. Hora	77	ADDRESS 1364 Rund aloh S	r. h.w. 1
3. NAME OF . (First)	(Middle)	(Lest) 4. DATE (Month)	(Day) (Year)
(Type or Print) (U; II) a M	p. ha	nigan DEATH 12-	- 25 1955
5. SEX 6. COLOR OR 7. SINGLE MAI	RRIED B. DATE	OF BIRTH 9. AGE lest birthdey IF	UNDER 1 YEAR IF UNDER 24 HRS.
RACE WIDOWED, (Spacify)	M A W	e 21-1892 - 63 yrs. Ma	onths Deys Hours Min.
	KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)	12. CHIZEN OF WHAT
done during most of working life, even if retired)	OR INDUSTRY	washington ac	SCOUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William L. Lanigan		margaret Jacque	۵
15. WAS DECEASED EVER N U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INEDRMANT & ADDRESS	
(Yes, no, or unk.) (If Yas, give wer or dates of salvice)	THE RESERVE	7 tospital Rundo	
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
33/X IMMEDIATE CAUSE (A)	Cerebral	Hennelog	
ANTECEDENT CAUSE(S) DUE TO		2 - 7/1	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	artin.	sclemes (Hyperleners	
(C)			
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDING	S OF OBERATION		20. AUTOPSY?
176. DATE OF OPERATION	15 OF OPERATION		YES NO
	ome, farm, factory, et, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town)	(County) (State)
	1e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
W	Vhile Not while at work		
22. I hereby certify that I attended the dec	ceased from Dec 2	5 1950 10 Dec 25 1950	that I last saw the deceased
7 . 7			
SIGNATURE)	na mar deam occurred a	ADDRESS (Street, city, town, ste	
Villa Clane	es anio.	St Lengel	Dec 25/17
23. BURIAL, CREMATION, DATE THEREOF	- NAME OF CEMETERY OF	CREMATORY LOCATION (City, town, or	county) (Stata)
REMOVAL (SPECIFY) 12/00/00	- 3mm A10	to the	+ 10 T
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU	PF	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 12-28-55 H. W. W		Pl +9 /2-11	the fit of
DATE TO TO THE TIME TO THE TIM	W2 W	I Filed II. I work house	er Iskevira

ST SECRETARS STEERS OF THEM PARENTS OF STATE SHALL SHA

THE CERTIFICATE OF DEATH

ROOL BEEL NO

OPERATOR OF CHANNEL STATE OF THE STATE OF TH

BUREAU V. S.

- DEC 130 1022

DECEDAED

DEPTENDENCE

VS A15C 1-55 10M

24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11753

CERTIFICATE OF DEATH 11753

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDEN	CE (HOME) OF DECE	ASED
county Calvert County MARYLAND	STATE Maryla	CODIAIT	Calvert
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give neerest town) (in this place)	CITY (if outside corpor OR	ate limits, write RURAL end glv	ve nearest town)
X TOWN North Beach 4 hrs.	TOWN		- X
HOSPITAL OR INSTITUTION OR	STREET ADDRESS	(If rural give local	etion)
STREET ADDRESS Calvert County Hospital		derick, Maryl	and
3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Dey) (Year)
(Type or Print) William Dscar Marshall	Handa Alle Sid	DEATH Dec.	
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF WIDOWED, DIVORCED,	BIRTH 9		JNDER 1 YEAR IF UNDER 24 HRS.
Male White (Specify) Wid. July	19, 1875	80 yrs. Mor	nths Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 1	1. BIRTHPLACE (State or Iorais	n country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) Manager Restaurant	Maryland		U.S.
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN N	I A MF	1000
Samuel Wm. Marshall		Evans	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (II Yes, give wer or dates of service)	17. INFORMANT & A		
(Yes, no, or unk.) (Il Yes, give wer or dates of service)	- Miss Mar	ia Marshall -	North Beach, Md.
	IFICATION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	and weeks .	50	ONSET AND DEATH
IMMEDIATE CAUSE (A) WELLE FLEE	in Call	aruna.	3 where
ANTECEDENT CAUSE(S) DUE TO	0' 0111	0	
DISEASES OR CONDITIONS, IF AINT, (6)	uc C1. 11.	MINIARE	B JKW
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			-14 3
DISEASE OR CONDITION CAUSING DEATH.			
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, ferm, fectory, 21c.	. WHERE DID INJURY OCCUR	? (City or town)	(County) (Stata)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)		(0.1) 0. (0.1)	
21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21e. INJURY OCCURRED 21e. Not while	II. HOW DID INJURY OCCUR	?	
M. at work at work			
22. I hereby certify that I attended the deceased from	, 19 5 7 , to All	1230,1955,1	hat I last saw the deceased
alive on 720, 1945 and that death occurred at			
SIGNATURE	ADDR	ESS Streat, city, Jown, sta	DATE SIGNED
FOR M.D.	mure	hellen	12/20/4
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR C	REMATORY	LOCATION (City, town, or	county) (Stata)
Cedar Hill Cem 12/23/55 Cedar Hill	Cemetery	Suitland M	d
24. REC'D BY REGISTRAR 55 REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S	GIGNATURE 300 4	th St.NE
DATE Close D. Cof.	11-12es Vers	Lee F	uneral Home

MACY SAND STATE DEPARTMENT OF HEALTH-BALTHROLD, 18

HITAS OF BLATH OF BEATH

Contract to discuss expense discuss a

Extend released Col V. Lusia

BOWEVO A ST

DEC 88 1955

11754

11754
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINER'S	CERT	HEICATE	OF	DEATH	No. 51
1. PLACE OF DEATH:	NAME OF BUILDING	- 11	2. USUAL RESIDENC	E (HOME)	OF DECEASED:	WITCH STORY
COUNTY Calvey	<u>├</u> MAR	YLAND	STATE Mare	skeed cou	NTY Cally	er /-
CITY (If outside corporat OR and give nearest to		TH OF STAY	CITY (If outside of			and give nearest town)
TOWN 45	and Creek		TOWN C	dolen	a n	rd. K
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS	(If	rural, give location	n) /
3. NAME OF (F DECEASED:	First) (Middle)		(Last)	4. DATE	(Month) (D	ay) (Year)
(Type or Print)	Olin Thomas	us li	Dillett	DEATH	12 2:	5 1955
5. SEX: 6. COLOR RACE:	OR 7 SINGLE, MARRIED, WIDOWED, DIVORO (Specify):	CED, 8. DATE	OF BIRTH: 9.	AGE last b	lrthday: IF UNDER Months	1 YEAR IF UNDER 24 HRS. Days Hours Mln.
ioa. USUAL OCCUPATION work done during mos even if retlred): Fal	(Give kind of tof work life, INDUSTR		20.	(State or fo	reign country):	12. CITIZEN OF WILAT COUNTRY?
13. FATHER'S NAME:			14. MOTHER'S MAID			
	Γ		Florer	ce i	ullett	
15. WAS DECEASED EVER IN U. (Yes, no, or unk.) (If Yes, gi	U.S. ARMED FORCES? 16. SOCIAL SE	CURITY No.: 1	7. INFORMANT & AI	DRESS:		
service)	217-32.	-3002	F-forence	lul	Cett, ao	Celena nid
7			L CERTIFICATION			INTERVAL BETWEEN
I. DISEASES OR CONDITIO	ONS DIRECTLY LEADING TO D	4 4	1 100 1	111	Mal.	ONSET AND DEATH
Immediate cause	(a) Gunsky	of Wow	rd Livyan	10/4	ett Chasy	<u></u>
	DUE TO	-	- 110	11		
Antecedent cause(s) Diseases or conditions, 1	V11686 11/	1600	cea Hemos	chace		
giving rise to the above	e cause DUE TO	- 1		0		
stating underlying caus	(c) // (d// /	rapfu	re			
	CONDITIONS CONTRIBUTING NOT RELATED TO THE		A LEGISLA			
DISEASE OR CONDITION	ON CAUSING DEATH.				***************************************	
19a. DATE OF OPERATION	N: 19b. MAJOR FINDING OF O	PERATION:				20. AUTOPSY?
21a. EXTERNAL CAUSE W PRIMARY or CONTRIB CAUSE OF DEATH.	OF street, of INJURY	farm, factory, office bldg., etc.,	21c. (City or town	: Cru	County Calm	erl-Med
2Id. TIME (Month) (Day) OF INJURY 12 - 21-	(Year) (Hour) 21e. INJURY (While at work □	Not while at work	21f. HOW DID IN	JURY OCCU	R?	
	at I took charge of the ren	nains describe				
	ulted from: Natural cause	s 🗌 , Accide	ent [], Suicide [, Homici	de 💓 , Undet	
SIGNATURE /	11/94/-		DEPUT	MEDICAL H	EXAMINER EXAMINER	DATE SIGNED
26. BURIAL CREMATION,	DATE THEREOF NAME	OF CEMPTERS	M. D. ASSIST	ANT MEDIC	N (Clty, town, or	715-56-22
REMOVAL (Specify) :				100		county) (State)
DATE REC'D BY LOCAL	REGISTRAR'S SIGNATURE	surve!	24. FUNERAL DIRE		sto-co	ADDRESS
REG. 12-29-15	1 Ky Ward		P.E. See	well G	nince I	rederict mi

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

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BECEINED